

## Green Walking Case Study

### Kent and Medway NHS and Social Care Partnership Trust

#### Project Description

##### *Background*

In 2019, staff from Chartwell Ward, Priority House in Kent began a weekly walk with patients, having signed up to be a Green Beacon site as part of the Green Walking Project. The purpose of the project was to assess the various enablers and barriers of providing supported access to a green space on an adult inpatient psychiatric ward.

##### *Ward setting*

Chartwell Ward is a female adult inpatient psychiatric ward which has 18 beds. Staffing consists of medics, nurses, occupational therapy, psychology, physiotherapy and support staff. This ward was chosen because research consistently shows that women exercise less than men (Hands 2018) and that walking offers an opportunity to keep fit. Chartwell is a particularly demanding ward for staff to work on due to the number of patients with a diagnosis of personality disorder and patients exhibiting behaviour that challenge, such as self-harm, violence and aggression.



Within the ward there is access to a small, dreary paved garden but very nearby there are some beautiful protected woods. In the ward catchment area, there are numerous footpaths and bridleways, often providing circular walks. A ten-minute drive away there is a millennium footpath offering a historic and scenic walk along the River Medway.

##### *Approach*

The occupational therapy team developed the protocol and risk assessment for the new walking group. They discussed with ward staff and the consultant to gain interest and support as their input was needed to identify suitable patients to join the group.

The walk details were added to the therapy programme and a poster was displayed on the ward showing photographs of the walk to increase interest.

Section 17 Leave needed to be agreed for certain patients at the beginning of the day, so there was no delay before the walk.

After a couple of weeks the walking group was quickly extended to three other wards including an older person's. This was because we rapidly realized that other patients could benefit from the group and it made better use of our staffing levels

On average there were between three and seven patients and approximately four staff, including physiotherapists and students who attended each walk.

Activities were initiated by the patients; including spiritual singing, photography and collecting flora and fauna to take back to the ward to decorate their rooms or for future art projects. During the walk people would often reminisce about their childhood and recount local mythology about magpies' etcetera.

The group often paused to admire the hop pickers statues, which became a natural half-way point; when the weather was dry the group would stop at this point, pull out a rug, take refreshments and enjoy the wild flowers and orchards. Whilst sitting among the apple trees many patients would recount stories of their parents who worked on the farms 'in the old days'.

Staff carried a tape measure, so if patients wanted to measure the circumference of the ancient oaks and calculate the tree's age. Also there was a badger's den that sparked a great deal of interest as well.

The group kept to the same walk around the woods. Another route was tried once, but it was not as pretty trail and it passed a noisy road which noticeably spoilt the atmosphere, so thereafter it was avoided. On reflection, if the group had more time to plan another safe route, it could have increased interest even more.

## Impact

### *Patient experience and outcomes*

Many patients remarked on how beneficial it was to be off the ward.

Time outside in the fresh air, away from the ward, gave people time to reflect about their situation and gain a sense of perspective. Being outdoors noticeably reduced tension for everyone because they were distracted and allowed to be in the moment.

With the help of a supportive consultant, the walking group was able to take positive risks with some patients. For example, one patient who was initially identified as being "risky" by ward staff was later found to be completely appropriate and chatty when on the walk. This information was shared with the team and the patient had a more timely discharge.

The group received consistent, positive feedback from patients. One patient remarked that "it was wonderful" (see attachment for more patient feedback).

Following the start of the project it also was noted there was an increase in gym as colleagues reported by our Physiotherapy audits.

### *Environmental impact*

Connecting with the outdoors – patients talked about their surroundings and discussed nature whilst on the walk. Staff and patients sensed a change in atmosphere as they walked from the housing estate into the woodland, the patients were more relaxed and calm; when arriving at the woods one staff member said that it felt like they were entering a beautiful cathedral. People began to make a point of stopping, taking a deep breath and pausing to appreciate the magnificence of their surroundings.



**Photo: Kent and Medway NHS & Social Care Partnership Trust**

### *Financial impact*

The walk was a very inexpensive intervention as the only resources required were outdoor shoes, zip fleeces and umbrellas. Overall, the program drew on the time of regular salaried staff but had no additional costs.

### *Social impact*

During the walks, patients and staff reported they could speak with one another without the healthcare professional-patient divide. The therapeutic relationship had ongoing benefits on the ward too.

When the research ended the Volunteer Bureau put out an advert for volunteers. Two volunteers were successfully recruited, who are able to provide opportunities for more individual patient time on walks and offer richer conversations with people, in addition to the regular the staff.

## Challenges

Ward staff said they had noticed little or no difference to the atmosphere on the ward. This might be because the patients that were taken on the walks were generally regarded as being less complex and easier to manage, but this is only supposition.

The group could only accommodate a few of the more complex patients at a time, due to staffing level requirements.

There were very few awkward interactions that occurred on the walks between patients and staff. There was one incident when one patient threw a water bottle at the walk coordinator but no harm came to anyone.

On one walk, a patient had a seizure and was attended to by two staff members and another patient (with first aid skills). We found it awkward to explain to the paramedic services where to find the patient because there were no obvious markers to identify the precise spot. The rest of the walkers waited patiently and were able to continue the walk once we knew the paramedics were attending. An app called 'what3words' has since been found which precisely identifies any location in the world and it is also used by the emergency services.

## Barriers

The initial barrier that surprised the group was negativity from senior staff who reported that they were concerned that patients would run off and not return to the ward. Another manager commented 'if they were well enough to walk, they were well enough to be discharged'.

Staff on the wards seemed to have a limited understanding of the group unless we spent time talking to individual staff about it, which took time.

Fortunately, the Chief Executive and the Medical Director were full of encouragement. The Allied Health Professional Lead for the acute services encouraged us to push ahead with the initiative, which motivated us to maintain a positive approach in the development of the project.

Only four out of the fifteen walks were cancelled. The main reason for cancelling these was because staff were distracted by other more pressing commitments on the wards. On another occasion there was heavy rain. The weather became more of a problem in the winter months, after the project ended.

The main difficulty during the project was obtaining Section 17 leave for particular patients to enable them to join the walking group. The walk lead hoped to demonstrate that unsettled patients could benefit from the walks but sometimes it was just too difficult to get leave arranged. This was particularly noticeable when a new consultant arrived on the ward. It took time for some doctors to feel confident about signing section leave.

Recently the Trust's Volunteer Bureau helped to recruit two volunteers. Patients seem to benefit from having new people in the group, experiencing more individual conversations and it is always nice to see a fresh face. The staff also found that the volunteers helped to keep the momentum of the walk going, because they always turn up and expect to walk!

### What the team had to say:

'Very good idea – should be kept going' – Staff Nurse

'The walks were memorable for the conversations and good company. It was a good time to talk with people with little of the healthcare professional-patient divide.' – Edward Lewis, Occupational Therapist

'Beautiful', 'good for recovery', 'happy being in nature', 'peaceful', 'enjoyed the animals', 'good for keeping fit', 'positive experience', 'cold', 'grateful' – feedback from a variety of patients.

### Reflections

Even though it was hard work to prepare, it was very rewarding and received consistent positive feedback.

After the three-month pilot ended, the walking group stopped for several weeks when therapy staff went on leave. It took energy to restart it again. This shows how important it is to get as many people as possible involved in the group and to establish it into the weekly routine of the ward.

### Promoting the project further afield

The project was presented at the Trust's Allied Health Professional's Conference in October 2019 and this helped propel the project's success across the Trust services. The Trust now has two more mental health hospital sites that are regularly having green walks and other services still contact the team to enquire about the group from other counties.

When staff and students (especially senior staff) want to visit our occupational therapy department Thursday is always suggested so more people can experience the walk. It's always a winner!

The Trust's Communication Team was invited to write an article about the walk for the Trust's staff magazine. A professional photographer was employed to take photos of the walk to promote the green

walks. The pictures were used to create an improved green walk poster and information leaflet. A no smoking logo was added to all our promotional material.

The Trust wide Smoke-free meeting were informed of the project, as a positive alternative to nicotine replacement.

The Green Walking Group was presented to the new preceptees within the Trust, so that new staff learnt about the group in their first year's induction.

The magazine, posters and leaflets are used at events such as exhibitions at the Kent showground, staff recruitment days.

### Hot off the press!

We have recently been approached by a production company who want to do a feature alongside Chris Packham exploring the effects of bird song on people in distress or in stressful clinical environment. This is such exciting news!

The Trust Research and Development team are appointing recruits for a piece of research looking at the impact of being outdoors on physical and mental health. Guess who's volunteered?!

### References

Hands B et al (2016) Male and female difference in health benefits derived from physical health activity; Implications for exercise prescription *Journal of Women's Health Issues and Carer* Vol 5;(4)

### For more information please contact:

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